

PATIENT

Grace Jerauld

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

18.19 pounds

INTERPRETED BY

Sara Brethel, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Four Corners Animal
Hospital- Salem

REFERRING VET

Dr. Anderson

INVOICE

14458

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: upper airway sounds present, excessive tissue in back of oral passage, Indescribable abnormal rhythm noted louder on L side -some kind of arrhythmia
- ABNORMAL Labwork Values: Cardiopet ProBNP 142, was 179
- For ECHO Only: Blood Pressure: 10/23/25 :107/75(86)
- HR/RR/BP: 180/45/ 107/75(86)
- Current Medications: Liquid gabapentin, Cerenia, Adequan, chlorpheniramine, Onsior. All as needed per Owner

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	8.26	NM	0.65	1.42	0.6	38.03	--
FELINE CARDIAC PARAMETERS	LA/AO (M-mode)	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	LVIDS (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	
PATIENT	1.1	1.12	--		1.07	0.82	0.88
Adapted from June Boon, Veterinary Echocardiography, 1998 Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705							

Cardiac Presentation

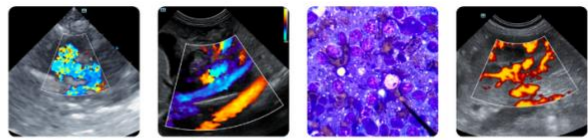
The left atrium is within normal limits. The mitral valve leaflets are normal and there is no mitral regurgitation. There is no evidence of systolic anterior motion of the mitral valve and no evidence of a left ventricular outflow tract obstruction. There is concentric hypertrophy of the left ventricle. The right atrium is normal. The tricuspid valve is normal without evidence of tricuspid regurgitation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves are normal without evidence of insufficiency. Aortic and pulmonic outflow velocities are within normal limits. The aorta and PA are normal along with the associated PA branches. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ECG

The rhythm is sinus with ventricular premature complexes occurring in a bigeminal and trigeminal pattern.

ULTRASONOGRAPHIC FINDINGS

- Left ventricular concentric hypertrophy.



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- Normal left atrial size.
- Ventricular premature complexes.

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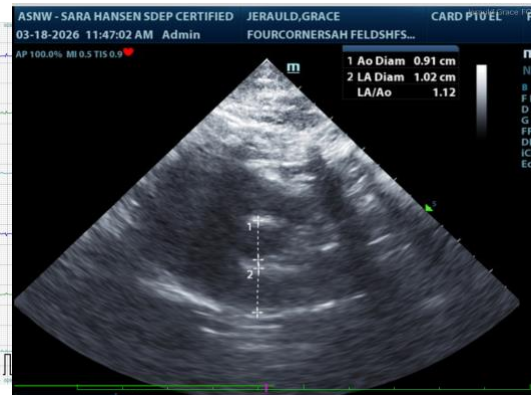
03/18/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has evidence of left ventricular concentric hypertrophy and is classified as a stage B1 due to the normal left atrial size. If not already performed, it is recommended to ensure that patients' blood pressure is normal, and the patient is euthyroid. If the patient is euthyroid and normotensive, then the patient has underlying hypertrophic cardiomyopathy. No cardiac medications are indicated at this time as the patient is at a low risk for complications associated with this condition. Since this can be a progressive condition, serial monitoring is recommended. It's recommended to recheck an echocardiogram in 6 months, sooner if the patient develops cardiovascular clinical signs.

The patient's VPCs are likely secondary to the underlying cardiac disease. However, other systemic diseases can't be entirely ruled out. Can consider a Holter monitor for the patient. Can also consider an abdominal ultrasound and ensuring full blood work is within normal limits. While the patient is considered at a low risk for complications with the presence of the abnormal heartbeats, there is a risk that patients can pass away suddenly. With the normal left atrial size, complications such as congestive heart failure and a thromboembolic event are considered low at this time.

Grace 18/03/2026 | 12:43:16-12:43:26 | 25 mm/second 10 mm/mV



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Sara Brethel, DVM, DACVIM (Cardiology)

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